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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Horace Mann Life Insurance Company
<b>TOI/Sub-TOI:</b>	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium		
<b>Product Name:</b>	Deferred Variable Annuity Application		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	Horace Mann Life Insurance Company
Product Name:	Deferred Variable Annuity Application
State:	Arkansas
TOI:	A03I Individual Annuities - Deferred Variable
Sub-TOI:	A03I.002 Flexible Premium
Filing Type:	Form
Date Submitted:	07/25/2012
SERFF Tr Num:	HRCN-128535589
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	IL-A13600
Implementation	On Approval
Date Requested:	
Author(s):	Rita Rowe
Reviewer(s):	Linda Bird (primary)
Disposition Date:	08/01/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium  
**Product Name:** Deferred Variable Annuity Application  
**Project Name/Number:** /

## General Information

Project Name: Status of Filing in Domicile: Authorized  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 08/01/2012  
State Status Changed: 08/01/2012  
Deemer Date: Created By: Rita Rowe  
Submitted By: Rita Rowe Corresponding Filing Tracking Number:

### Filing Description:

IL-A13600 – Individual Deferred Variable Annuity Application

The above listed application form is being submitted for your consideration and approval. This form will be used with previously approved Individual Deferred Variable Annuity contracts approved by your state.

This application will be used by our career and independent agent sales force. Our target market is individuals in the educational community who are eligible to benefit from the provisions of Section 403(b) of the Internal Revenue Code. This form will be available for use as a paper application or it may be submitted electronically using our Annuity Electronic Application software.

The electronic version of this application is the same as the paper application. The physical arrangement and presentation of data will be identical on both the paper and electronic versions. The agent may fill out the paper version of the application by hand or may use the Annuity Electronic Application software available on each agent laptop to complete the application process. The agent always completes the electronic version of the application. It is not available on the internet for direct consumer use.

When the agent completes the application using the Annuity Electronic Application software, the information is transmitted electronically to our Home Office where underwriting begins immediately.

If the client does not consent to the use of an electronic signature, the agent prints a paper copy of the computer-generated application and both the applicant and the agent sign it. After obtaining signatures, the agent will mail the paper copy of the application to the Home Office. A copy of the signed application will become a part of the applicant's annuity contract.

If the client consents to the use of electronic signature process, we provide them with a disclosure document which describes the use of e-signatures. When the signature is captured, the application record and signature will be bound in a single record. Signatures will be displayed on the computer screen in real time. If any information in the application is changed after the electronic signature is captured, the electronic signature will be erased and a new electronic signature will be required to complete the application. Electronic signatures are encrypted and cannot be used for any purpose other than the execution of the application and related documents.

The software system will automatically purge electronic signatures from the file once the policy has been issued, to prevent the use of the signature for any other purpose other than those specific to the issuance of the policy.

We have identified various sections of the application as variable text. We would like the ability to modify these sections when

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
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changes are required. A Statement of Variability is included with this filing.

This form will be used with variable annuity contracts only. Variable annuity contracts are securities subject to federal jurisdiction and are not subject to the readability or language simplification laws. Thus, a readability certification has not been submitted with this filing.

## Company and Contact

### Filing Contact Information

Rita Rowe, Sr. Product Development & Compliance Coordinator  
1 Horace Mann Plaza  
Springfield, IL 62715-0001

rower1@horacemann.com  
217-788-5703 [Phone]  
217-535-7197 [FAX]

### Filing Company Information

Horace Mann Life Insurance Company	CoCode: 64513	State of Domicile: Illinois
1 Horace Mann Plaza	Group Code: 300	Company Type: Life,
Springfield, IL 62715-0001	Group Name:	Accident/Health, Annuity,
(217) 789-2500 ext. [Phone]	FEIN Number: 37-0726637	Credit
		State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

Company	Amount	Date Processed	Transaction #
Horace Mann Life Insurance Company	\$50.00	07/25/2012	61171571

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/01/2012	08/01/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Horace Mann Life Insurance Company
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## Disposition

Disposition Date: 08/01/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Individual Deferred Variable Annuity Application		Yes

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<b>Product Name:</b>	Deferred Variable Annuity Application		
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## Form Schedule

Lead Form Number: IL-A13600							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		IL-A13600	AEF	Individual Deferred Variable Annuity Application	Initial:	0.000	IL-A13600 Variable App Non-Compact States.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

**Horace Mann Life Insurance Company**

A Stock Company  
[1 Horace Mann Plaza  
Springfield, Illinois 62715  
800-999-1030  
horacemann.com]

**Individual Deferred Variable Annuity Application****A. Annuitant information** (street address required)

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_

Gender ☐ Male ☐ Female

Birth date \_\_\_\_\_

Marital status ☐ Married ☐ Single

Occupation/code \_\_\_\_\_

Social Security # \_\_\_\_\_

**B. Owner information** (if different from annuitant)

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_

Gender ☐ Male ☐ Female

Birth date \_\_\_\_\_

Marital status ☐ Married ☐ Single

Occupation/code \_\_\_\_\_

Social Security # \_\_\_\_\_

Federal identification # \_\_\_\_\_

**C. Employer information**

Employer name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_

Federal identification # \_\_\_\_\_

**D. Beneficiary information****Primary beneficiary**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_

Birth date \_\_\_\_\_

Social Security # \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Contingent beneficiary**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_

Birth date \_\_\_\_\_

Social Security # \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Product information****[Flexible premium]**☐ Maximum Solutions II — issue ages 0 – 85☐ Goal Planning Annuity — issue ages 0 – 85☐ 9-year surrender charge☐ 5-year surrender charge**Goal Planning Annuity Optional Riders**

Guaranteed Minimum Death Benefit (check only one box)

☐ 5% Accumulation only (not available in CT, OR or WA)☐ Annual step-up only (not available in CT or OR)☐ 5% Accumulation & Annual step-up  
(not available in CT, OR or WA)**M&E/Rider fee**0.95%1.25%1.25%0.30%0.20%0.40%**Elected Product/Rider fee****[\*]Total**

[\* The total M&amp;E/Rider fee for the Goal Planning Annuity cannot exceed 2.40%.]

**F. Contract type** (check only one)☐ 403(b) ☐ IRA ☐ Roth IRA ☐ Conv Roth☐ 457(b) ☐ Non-Qualified ☐ SEP-IRA☐ SIMPLE-IRA]**G. Billing information****[(for flexible premium)]**

Month of first payment \_\_\_\_\_

First \_\_\_\_\_ payment(s) of \_\_\_\_\_

Subsequent payment \_\_\_\_\_

Total first year payment \_\_\_\_\_

List bill group # \_\_\_\_\_

Billing mode:

☐ EFT ☐ Direct ☐ List Bill

1/12

☐ Annually☐ 1/26☐ Semiannually☐ 1/24☐ Quarterly☐ 1/20☐ Monthly☐ 1/12☐ 1/10☐ 1/9☐ Other \_\_\_\_\_]**H. Lump sum premium** (for example – conversions, replacements, rollovers, transfers and exchanges)

\$ \_\_\_\_\_

**I. Electronic funds transfer****[(Please attach a sample check.)]**

Establish a monthly draft from my bank account on the:

☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th☐ Checking account ☐ Savings account

Amount of draft \_\_\_\_\_

Bank name \_\_\_\_\_

Bank address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bank routing # \_\_\_\_\_

Depositor account # \_\_\_\_\_

I (we) request and authorize Horace Mann Life Insurance Company to withdraw the above draft amount monthly to pay premiums on the annuity applied for.]

## J. Allocation instructions

Allocation options	Premiums	Lump sum	Allocation options	Premiums	Lump sum
<b>Lifecycle</b>			<b>Small Company Value</b>		
63 Wilshire VIT 2015 ETF Fund	_____%	_____%	53 Royce Capital Fund Small Cap	_____%	_____%
64 Wilshire VIT 2025 ETF Fund	_____%	_____%	15 Wilshire Small Co Value*	_____%	_____%
65 Wilshire VIT 2035 ETF Fund	_____%	_____%	<b>Small Company Core</b>		
<b>Asset Allocation</b>			68 Dreyfus Small Cap Stock	_____%	_____%
76 Ibbotson Conservative ETF	_____%	_____%	72 Lazard Ret US Small-Mid Cap Equ	_____%	_____%
77 Ibbotson Income & Growth ETF	_____%	_____%	32 Neuberger Berman Genesis Fund*	_____%	_____%
78 Ibbotson Balanced ETF	_____%	_____%	<b>Small Company Growth</b>		
79 Ibbotson Growth ETF	_____%	_____%	57 AllianceBernstein VPS Sm Cap Gro	_____%	_____%
80 Ibbotson Aggressive Growth ETF	_____%	_____%	09 Wilshire VIT Small Cap Growth	_____%	_____%
<b>Large Company Value</b>			<b>International</b>		
27 Davis Value Portfolio	_____%	_____%	73 Fidelity VIP Emerging Markets	_____%	_____%
55 TRowePrice EquityInc Port VIPII	_____%	_____%	24 Fidelity VIP Overseas SC2	_____%	_____%
14 Wilshire Large Co Value*	_____%	_____%	08 Wilshire VIT Intl Equity	_____%	_____%
<b>Large Company Core</b>			<b>Specialty</b>		
20 Fidelity VIP Growth & Income SC2	_____%	_____%	07 Wilshire VIT Soc Resp	_____%	_____%
21 Fidelity VIP Index 500 SC2	_____%	_____%	<b>Real Estate</b>		
12 Wilshire 5000 Index Portfolio*	_____%	_____%	67 Delaware VIP Reit Series	_____%	_____%
01 Wilshire VIT Equity Fund	_____%	_____%	<b>Bond Options</b>		
<b>Large Company Growth</b>			<b>Corporate Bond</b>		
82 Delaware US Growth	_____%	_____%	26 Fidelity VIP Inv Grade Bond SC2	_____%	_____%
23 Fidelity VIP Growth SC2	_____%	_____%	03 Wilshire VIT Income Fund	_____%	_____%
13 Wilshire Large Co Growth*	_____%	_____%	<b>Global Bond</b>		
<b>Mid-size Company Value</b>			74 Templeton Global Bond	_____%	_____%
81 Am Cent Mid Cap Value	_____%	_____%	<b>High Yield Bond</b>		
70 Goldman Sach VIT Mid Cap Value	_____%	_____%	25 Fidelity VIP High Income SC2	_____%	_____%
<b>Mid-size Company Core</b>			<b>Balanced</b>		
71 Calvert S&P Mid Cap 400 Index	_____%	_____%	02 Wilshire VIT Balanced Fund	_____%	_____%
22 Fidelity VIP Mid Cap SC2	_____%	_____%	<b>Money Market</b>		
31 Rainer Small/Mid Cap Equity*	_____%	_____%	59 T Rowe Price Prime Reserve	_____%	_____%
<b>Mid-size Company Growth</b>			<b>Fixed Only Option</b>		
48 Delaware Smid Cap Growth Series	_____%	_____%	00 Fixed Account	_____%	_____%
54 Wells Fargo Advantage Discovery	_____%	_____%	<b>Total</b>	<b>100%</b>	<b>100%</b>

\*These allocation options are not available for non-qualified contracts.】

K. Automated rebalancing

- [Please select one of the following:
- ☐ Quarterly (every three months)
  - ☐ Semi-annually (every six months)
  - ☐ Annually (every 12 months)

Allocation options	Percentage
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

You may select a maximum of 10 allocation options for automated rebalancing.

Your request will be completed on the date it is received in good form in the home office. If your request for automated rebalancing is received on the 29th, 30th, or 31st of the month, it will be processed on the 28th of the month.

If automated rebalancing is selected, transfer between accounts/DCA is not available for election.]

L. Special instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

M. Transfer between accounts/DCA

- [Please select one of the following:
- ☐ Transfer monthly for three months
  - ☐ Transfer monthly for six months
  - ☐ Transfer monthly for 12 months

Indicate dollar amount (\$), percentages (%), or “all”.

Value	From Alloc. Option #	To Alloc. Option #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

You may select a maximum of 10 allocation options for transfers between accounts/DCA.

Your request will be completed on the date it is received in good form in the home office. If your request for transfer between accounts/DCA is received on the 29th, 30th, or 31st of the month, it will be processed on the 28th of the month.

If transfer between accounts/DCA is selected, automated rebalancing is not available for election.]

N. Additional requirements (if applicable)

- ☐ Suitability form & variable product disclosure
- ☐ Transfer/rollover request form
- ☐ Buyer’s guide for variable annuities  
(leave with client)
- ☐ Disclosure notice (if applying for any IRA product) (leave with client)
- ☐ State replacement form
- ☐ Contract summary (leave with client)  
Form # \_\_\_\_\_ Revision date \_\_\_\_\_
- ☐ Other \_\_\_\_\_

## O. Fraud notices

[Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Connecticut** – Any person who knowingly and with intent to defraud an insurer submits an application or files a claim containing false, incomplete, or misleading statements of material fact may be guilty of a crime.

**District of Columbia** – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

## P. Replacement information (This section must be completed.)

Do you currently have any existing or pending life insurance or annuities?

☐ Yes

☐ No

Will the proposed annuity replace, discontinue or change an existing life insurance policy or annuity contract? If yes, complete the chart below.

☐ Yes

☐ No

Company name	Contract #	Will value transfer to Horace Mann Life Insurance Company?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Q. Acknowledgement and authorization

I agree that the information provided above is full, complete and true to the best of my knowledge. I acknowledge receipt of the “disclosure notice” (if applying for any IRA product), the current prospectus for Horace Mann Life Insurance Company Separate Account and the Underlying Fund prospectuses.

**I understand that contract values that are based on the separate account assets are not guaranteed and will decrease or increase with investment experience.**

Signed at \_\_\_\_\_ (city/state) on \_\_\_\_\_ (date).

Proposed owner's signature \_\_\_\_\_

## R. To be completed by agent only

Does the applicant currently have any existing or pending life insurance or annuities?

☐ Yes

☐ No

To the best of your knowledge, will the proposed annuity replace, discontinue or change an existing life insurance policy or annuity contract? ☐ Yes, as indicated above ☐ No

Agent's/Insurance Producer's name (1) \_\_\_\_\_

Agent's/Insurance Producer's signature (1) \_\_\_\_\_ Agent's/Insurance Producer's # \_\_\_\_\_

State code \_\_\_\_\_ License # \_\_\_\_\_ (if applicable) Percent \_\_\_\_\_

Agent's/Insurance Producer's name (2) \_\_\_\_\_

Agent's/Insurance Producer's signature (2) \_\_\_\_\_ Agent's/Insurance Producer's # \_\_\_\_\_

State code \_\_\_\_\_ License # \_\_\_\_\_ (if applicable) Percent \_\_\_\_\_

<b>SERFF Tracking #:</b>	HRCN-128535589	<b>State Tracking #:</b>	<b>Company Tracking #:</b>	IL-A13600
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Horace Mann Life Insurance Company	
<b>TOI/Sub-TOI:</b>	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium			
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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Statement of Variability_IL-A13600.pdf			

**HORACE MANN LIFE INSURANCE COMPANY  
1 HORACE MANN PLAZA  
SPRINGFIELD, ILLINOIS 62715**

**Statement of Variability  
Individual Deferred Variable Annuity Application  
Form IL-A13600**

**Section E. Product Information**

This section lists the variable products that are currently available for sale. They are identified by their marketing name and key features of the product. We would like the ability to remove old or add new products and/or optional riders to this application as they become available. An updated copy of this application will be included in any new product filing, reflecting the product being added.

The asterisked footnote in this section will not be used at this time since the total M&E/Rider fee cannot currently exceed 2.40%; however, we will want the flexibility to include this footnote when needed.

**Section F. Contract Type**

This section identifies the current tax types available for our products. If an alternate tax type would become available, we would like to include it in this section. Conversely, if one of these tax types is no longer available, we would like to remove it.

**Section G. Billing Information**

This section reflects the billing options that are currently available to our customers. If in the future additional options would become available (i.e. different modes of payment, different payment frequencies), we would like to include them in this section. Conversely, if one of these billing options is no longer available, we would like to remove it.

**Section I. Electronic Funds Transfer**

This section reflects the options that are currently available to our customers through electronic funds transfer (EFT). If in the future additional options would become available (i.e. different modes of payment, additional drafts dates), we would like to include them in this section. Conversely, if an option is no longer available, we would like to remove it.

**Section J. Allocation Instructions**

This section identifies the allocation options that are currently available for our variable products. If in the future new allocation options become available or if we will be required to remove allocation options that will no longer be available for use, we will do so in this section.

**Section K. Automated Rebalancing**

This section reflects the options that are currently available to our customers through automated rebalancing. If in the future additional options would become available (i.e. different modes of rebalancing, the ability to select additional allocation options) or if our current options are no longer available, we would like to either include or remove them in this section.

**Section L. Transfer between accounts/DCA**

This section reflects the options that are currently available to our customers through transfer between accounts/DCA. If in the future additional options would become available (i.e. additional transfer between accounts/DCA periods, the ability to select additional allocation options) or if our current options are no longer available, we would like to either include or remove them in this section.

**Section N. Addition Requirements**

This section lists the types of forms, in addition to the application, that we may require to be completed. If administratively, we determine that additional forms will need to be included with the application we would like to include them in this section.

**Statement of Variability**  
**Individual Deferred Variable Annuity Application**  
**Form IL-A13600**  
**Page 2**

**Section O. Fraud notices**

We will incorporate state regulation changes regarding fraud notice text in this section.

**Footnote**

We have two types of agents that solicit our business and we want to be able to identify which type of application it is when received in the home office. Therefore, this footnote may be one of the following:

“Employee/Exclusive Agent – XX-XX-XXXX” or “Independent Agent – XX-XX-XXXX”.

Or, we may delete this phrase entirely. The date reflected will be the latest revision date for when changes are made primarily to the allocation options.